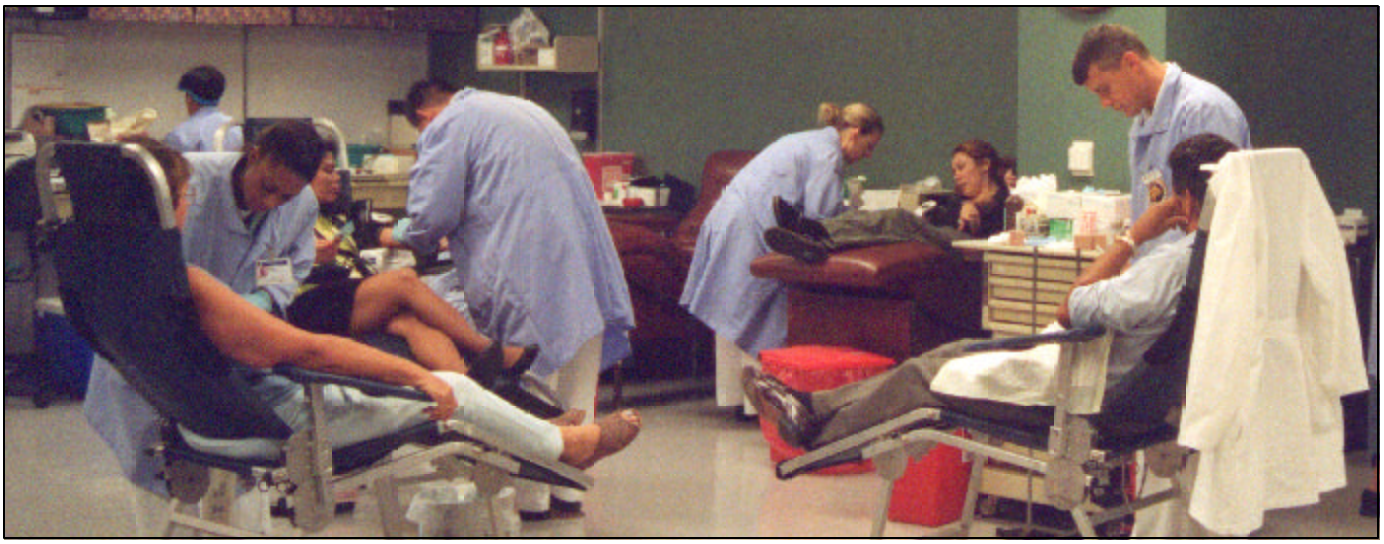
News At Nine

The Official Newsletter Of TRICARE Southern California

Fall 2001 ***TRICARE - Your Military Health Plan*** ***Vol. 6 Issue 2***



Teamwork at its finest...With the screening and interview process now complete, the Blood Donor Center staff collect from donors.

Military Families Fight Terrorism At Blood Donor Center

Center Call For Continued Donations

Story and photos by Doreen Rekoski
Public Affairs Specialist
Navy Blood Donor Center, NMCSD

Even as the full horror of September 11's events began to sink in, they started coming in to the Blood Donor Center . . . active duty personnel and their family members, reservists, GS civilian employees, and retirees. They arrived first in a trickle, one by one, then as a steady stream. Focused in their purpose, they came to do something to help. To do something to lessen their sense of loss and grief. To help in the only way they knew how – by donating blood.

"When I heard about the attack, I came in to donate," said HM1 Margaret Paul, stationed at Naval Medical Center San Diego. "I don't normally do this, but I wanted to come in today to do what I could."

That was the common answer of those who arrived at the center to donate blood.

HN Danny Douty, who works in General Medicine at NMCSD, was off-duty when he learned of the disaster. Working at the hospital, he knew how crucial the need for blood would be and wanted to do his part. First he began to pray for the victims and their families. Then he came to the Blood Donor Center.

*See **Fight Terrorism**, page 8*

Welcome Aboard Rear Admiral Johnson

See back cover

Right: RADM Johnson assumes command of Naval Medical Center San Diego and becomes Lead Agent, TRICARE Region Nine.
Photo by JO1 Sonya Ansarov

Inside This Issue

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News At Nine is the official newsletter, published three times a year, by the Office of the Lead Agent, TRICARE Region Nine. Its purpose is to inform Region Nine military treatment facilities and support contractor staff about policies and items of interest regarding the TRICARE program. For submission guidelines, contact the PAO at (619) 532-5439 or DSN 522-5439.

Farewell From RADM Diaz

RADM Alberto Diaz, Jr., MC, USN

When I relieved VADM Nelson as Commander, Naval Medical Center San Diego and Lead Agent, TRICARE Region Nine, I knew that in three years I would be facing my relief in a similar ceremony. On 4 October, RADM Johnson and I shared a stage as he read his orders announcing his assumption of command of this incredible place. Time is relative. Three years seems like only three weeks.

NMCSD has an unprecedented reputation for excellence within the military and certainly in the civilian community. There is no other place that does as much, at such a high level of professionalism, as does San Diego. Simply put, the Medical Center's success is due to a concerted team effort—a synergism achieved through hard work and mutual respect among the staff. We are a place of different Corps and service branches, civilians, and contractors who show up every day, doing their best to provide world class patient care to our beneficiaries. Your efforts do not go unnoticed.

It has been my absolute honor, privilege and pleasure to serve with you. I will leave here knowing that no future assignment will ever compare to Naval Medical Center San Diego and TRICARE Region Nine.

Thank you for your loyalty, dedication, and absolute commitment to the success of our enterprise. We will miss you!

TRICARE Programs Implemented Under RADM Diaz's Leadership:

TRICARE Southern California

TRICARE Senior Prime Demonstration
TRICARE Prime Remote
TRICARE For Life
TRICARE Senior Pharmacy
TRICARE Prime Remote Family Member
Joint VA/DoD Physicals
Multi-Faceted Breast Care Program
Med/Surg Standardization

Provider Training Programs

By Dani Newman

When the Department of Defense Southern California Regional Breast Care Program was launched in mid 1996, the goal was to meet the challenges of simultaneously improving patient education at several geographically remote military medical centers, increasing access to care, and shifting from an inpatient paradigm to an outpatient-focused service. The result was a network of clinics providing breast care education and triage capabilities, with immediate referral available to a large central tertiary care Breast Health Center at Naval Medical Center San Diego. The vision of providing best practices of care to all women regardless of location continues to this day.

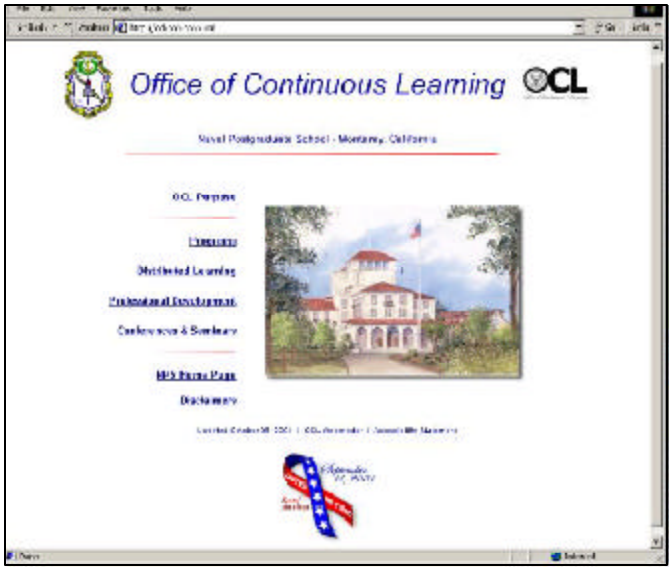
The purpose of the Region Nine Breast Care Project (BCP) is to serve as a multi-disciplinary professional organization committed to women's health issues. Physicians, administrators, and the entire military healthcare industry have come to realize and accept recent sweeping changes in health care delivery. The BCP fosters health education synchronized with those changes. As a result, physicians and other health care providers will be better equipped to adapt to the newer trends, ultimately improving patient care.

The Breast Care Project is an outgrowth of the 1997 Breast Cancer Initiative. Dedicated to increasing awareness, education and access to breast care; the Lead Agent has continued to support endeavors to serve beneficiaries throughout the region. The following lists programs and projects that utilize the latest in technology to support these efforts:

Region Nine Healthcare Providers Educational Opportunities Web Site
http://ocls.nps.navy.mil

Following are three examples of the information found at the site:

- Antibiotic Review: a plan to provide the most current information on appropriate antibiotic utilization to providers and patients: to include lecture, question/answer, and interactive exercises using case studies.
- Breast Health 2001: The course continues to evolve; realizing the changes in health care delivery and advances in treatment and detection of breast cancer.
- Referral management and Breast Abnormalities: The course includes benign breast disease; mammography: when to biopsy, options in HRT, and referral management for breast disease. Educational Materials produced through the Lead Agent can be requested via e-mail: ***BreastCare@reg9.med.navy.mil***



http://ocls.nps.navy.mil

CD-ROM:

- Breast Health 2000: developed to provide beneficiaries easy access to 40 topics on breast care & treatment options. Military healthcare providers discuss the current best practices of care.
- Depression: What Does It Feel Like? Provides actual dialogue from people experiencing symptoms of depression followed by recommendations from the military healthcare professionals (Available Spring 2001).

Videos:

- Lymphedema Treatment: patient focused, this educational tape follows recommended guidelines in prevention, care and treatment of lymphedema. Observe actual treatment therapy, find out how to prevent or care for this condition.
- Risk Evaluation for Breast Cancer: Provides both the physician and layman the latest research studies on the current utilization of models to determine a woman relative risk in developing breast cancer. Treatment options and genetic screening reviewed.

*See **Provider Training**, page 5*

Contractor's Corner

By Peter McLaughlin, FACHE

All associates of Health Net Federal Services join me in extending to Rear Admiral Diaz our genuine appreciation for his superb leadership and vision as the Lead Agent over the last three years.

In my first meeting with RADM Diaz, he stated that the challenge for all of us in Region Nine was to continue our work to improve the TRICARE program. Under RADM Diaz' leadership, the Military Treatment Facilities, the Lead Agency, and Health Net Federal Services have worked in a unique collaborative partnership to achieve the shared vision of making TRICARE the premiere healthcare program of choice for our beneficiaries. RADM Diaz' personal and sustained attention further refined and refocused the synergy of our TRICARE Executive Council. Employing sound business practices and management tools, the TRICARE Executive Council continued to make incremental improvements that ensured "Best in Class" patient care and customer service for our beneficiaries while concurrently supporting service-specific optimization initiatives for each Military Treatment Facility in the region. This close, mature teaming relationship has proved to be the winning combination. RADM Diaz certainly deserves a Bravo Zulu for meeting the challenge of refining the TRICARE program in southern California into a true success. His leadership, professionalism, and personal qualities have left an indelible mark on all of us as members of his TRICARE team. He will truly be missed.

As RADM and Mrs. Diaz travel to Washington, DC and their next assignment, all the associates of Health Net Federal Services join me in wishing them " Fair Winds and Following Seas".

I would like to take this opportunity, not only to say farewell to RADM Diaz, but to welcome RADM Johnson back to southern California. We at Health Net Federal Services look forward to working with RADM Johnson both as the Lead Agent of TRICARE Region Nine and as the Commander, Naval Medical Center San Diego.

Mr. Peter McLaughlin, vice president, TRICARE Operations, California, Health Net Federal Services.

Provider Training

continued from page 4

- In Touch: Spoken in Tagalog, this video's focus presents cultural myths and beliefs regarding cause and detection of breast cancer. Aimed at encouraging early detection in the Filipino population (not available: currently in production).

Printed Materials:

- 16-page 4-color brochure on breast care available in English and Tagalog - cover features Region 9 Breast Cancer Survivor.
- Tri-fold 2-color brochure on mammography available in English and Tagalog.

Current Problems in Cancer: Integration of Complimentary Disciplines into the Oncology Clinic: monographs developed to facilitate the evolution of the concept of modern oncology clinic. Discussions of acupuncture, physical therapy, herbal drug interactions, chiropractic, nutrition, psychology and spirituality are provided as a springboard for their increased availability to patients in MHS.

TRICARE For Life Effective October 1, 2001

"Keeping the Promise to Those Who Served"

By Jeanne Hannon

The long anticipated TRICARE for Life (TFL) program became a reality on October 1, 2001. On that date, age 65 and older uniformed services beneficiaries who are Medicare-eligible and who have purchased Medicare Part B gained access to the expanded medical coverage of TFL as a second payer to Medicare.

Adding to the TRICARE Senior Pharmacy Program that began on April 1st, the TRICARE for Life entitlement provides comprehensive healthcare coverage benefits for you and your eligible family members:

- For a service that is a Medicare and TRICARE covered benefit, Medicare will pay first and the remaining out-of-pocket expenses will be paid by TRICARE. After Medicare pays their allowance for your care, Medicare will forward your claim to TRICARE. TRICARE will then determine the amount they will pay and send the payment to your doctor or hospital.
- For a service that is a TRICARE covered benefit, but not covered by Medicare, such as overseas care, TRICARE will pay the same amounts it pays for retirees under age 65 who use TRICARE Standard and TRICARE Extra, and you will be responsible for an annual deductible and cost share.
- For a service that is a Medicare covered benefit, but not covered by TRICARE, such as chiropractic services, Medicare pays what is covered by Medicare, and TRICARE pays nothing. You must pay the Medicare copays.
- For a service that is not a Medicare or TRICARE covered benefit, such as cosmetic surgery, you are responsible for the cost of that care.

TRICARE for Life as a second payer to Medicare is available for age 65 and older, Medicare Part B enrolled:

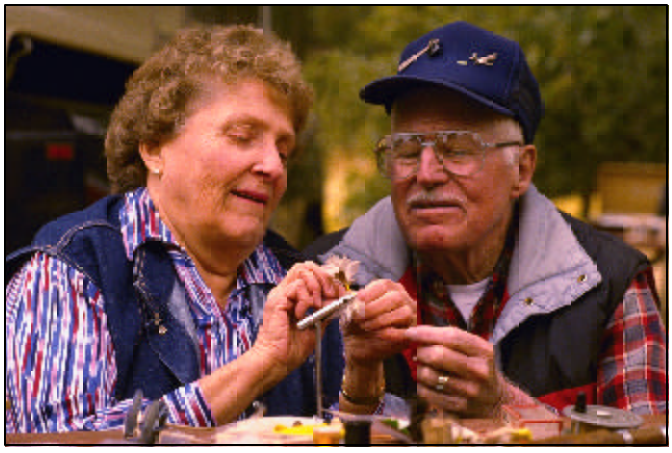
- Medicare-eligible military retirees, including retired guard members and reservists.
- Medicare-eligible family members and widows/widowers.
- Certain former spouses if they were eligible for TRICARE benefits before age 65.

To qualify for TRICARE for Life, you and your eligible family members must be enrolled in Medicare Part B and be correctly listed in the Defense Enrollment Eligibility Reporting System (DEERS). If you are not enrolled in Medicare Part B, you can visit the Social Security Administration online at www.ssa.gov or call (800) 772-1213, TTY/TDD (800) 325-0778. To be sure your information is correct in DEERS, call (800) 538-9552.

In addition, some military hospitals and clinics will offer limited enrollment in a new program, TRICARE Plus. Offering primary care enrollment at a military hospital or clinic, TRICARE Plus is open to all beneficiaries eligible for care at that facility, with priority enrollment being offered to those currently participating in the TRICARE Senior Prime demonstration, and those already empanelled at a military treatment facility. Participation in the TRICARE Plus program is limited to select military hospitals and clinics. For more details, contact the nearest military hospital or clinic's managed care department.

Briefings on the TRICARE for Life program have been scheduled for your area:

For further information on the TRICARE for Life program, visit the online site, www.tricare.osd.mil/ndaa, or call (888) 363-5433.



TRICARE For Life

The President signed the FY2001 National Defense Authorization Act for Fiscal Year 2001, Public Law 106-398 (the Act) on October 30, 2000. The legislation included a number of health care provisions that collectively represent the most significant change to military health care benefits since the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) was established by Congress in 1966.

Key Features

- Effective April 1, 2001, the pharmacy benefit provides Medicare-eligible retirees of the uniformed services (over age 65,) their family members and survivors the same pharmacy benefit as retirees who are under age 65. It includes access to prescription drugs not only at military treatment facilities, but also at retail pharmacies and through our national mail order service program. (Section 711 of the Act.)
  - All beneficiaries who turned 65 prior to April 1, 2001, will automatically qualify for the benefit whether or not they have purchased Medicare Part B.
  - All beneficiaries, who attain the age of 65 on or after April 1, 2001, must be enrolled in Medicare Part B to receive this benefit.
- Medicare-eligible military beneficiaries became eligible for all other TRICARE benefits effective October 1, 2001. The law requires that all Medicare-eligible beneficiaries, regardless of age, must be enrolled in Medicare Part B to receive the rest of the TRICARE benefits. (Section 712 of the Act.) With enrollment in Part B, these benefits will provide the following coverage:
  - If the medical care received is a benefit of both Medicare and TRICARE, Medicare will pay the allowable amount for the care. TRICARE will pay the amount that is the Medicare cost share, as well as any Medicare deductible. Most, but not all medical services are a benefit under both Medicare and TRICARE.
  - If the medical care received is a benefit of Medicare, but NOT a benefit of TRICARE, Medicare will pay its normal amount and the beneficiary will be responsible only for the Medicare deductible

and cost-share. An example of this type of care is certain types of chiropractic care that is covered by Medicare.
  - If the medical care received is a benefit of TRICARE, but NOT a benefit of Medicare, Medicare pays nothing. TRICARE will pay the amount it pays for the same service received by a retiree under the age of 65. In this case, the beneficiary must pay the applicable TRICARE cost-share and deductibles. An example of this type of coverage is the prescription drug benefit.
- The health care entitlement for Medicare-eligible beneficiaries will be funded, beginning in fiscal year 2003, through the Department of Defense Medicare-eligible Retiree Health Care Fund established by the Department of Treasury. (Section 713 of the Act.)
- The TRICARE Senior Prime demonstration program is extended through December 31, 2001. (Section 712 of the Act.)
- Active duty family members enrolled in TRICARE Prime will no longer have copayments for civilian health care services under TRICARE Prime (except prescription drugs), effective April 1, 2001. (Section 752 of the Act.)
- The TRICARE Prime Remote (TPR) program will be expanded to active duty family members throughout the continental United States by October 1, 2001. In the interim, the Department will implement a program to waive copayments and deductibles of TPR active duty family members. (Section 722 of the Act.)
- An Individual Case Management Program for Persons with Extraordinary Conditions (ICMP-PEC) was funded with a cap of $100 million. In appropriate cases, the program allows waiver of TRICARE limitations on health care coverage, including coverage of custodial care services for persons with exceptional conditions. (Section 701 of the Act.)
- The chiropractic health care demonstration became a permanent benefit for active duty personnel at designated MTFs worldwide. A five-year phased-in implementation will begin in 2001. (Section 702 of the Act.)

WHAT DO I NEED TO DO NOW?

- Enroll in Medicare Part B: Beneficiaries who have already turned 65 and do not have Medicare Part B should purchase it if they would like additional health benefits through TRICARE. Medicare allows enrollment each year from January 1 through March 31. Coverage under Part B will be effective July 1 of the same year. Beneficiaries who have not enrolled may be required to pay a

*See **For Life**, page 12*

Do We Ever Have Enough Blood?

By Doreen Rekoski

In the aftermath of Sept. 11's attack, people streamed to blood collection agencies in overwhelming numbers. So much so that the media reported that most agencies had too much blood.

But, can we ever have too much blood? The answer is no.

The generosity of the American people in the wake of the devastating attack on the World Trade Center and the Pentagon filled the refrigerators of all blood collection agencies full to the point of busting. But since the shelf life of fresh blood products is only 42 days, the need is ongoing.

But, why not freeze the blood many ask, so it can be used later.

Though blood collection agencies have the capability of freezing red blood cells and other blood products, the logistics of freezing, storing and moving large amounts of blood products makes exclusive use of frozen products cumbersome. DoD's frozen blood is intended to support operating forces until fresh blood and blood products can be provided. With Operation Enduring Freedom now in full swing, the Blood Donor Center at NMCSD asks its eligible population to stand-by.

There is a particular need for O positive and O negative whole blood donors. Nearly 46 percent of the population is type O, which is why it is often called the "universal" blood type. O positive is the type greatest in demand, because it can be also be transfused to patients with other blood types.

While the collection of whole blood is important, just as essential are donors who take time to donate platelets and plasma through the apheresis process. The plasma of donors with type AB is "gold" since it can be given to all blood types, and can be collected every three to 14 days. Plasma serves a variety of functions, from maintaining blood pressure to supplying critical elements for blood clotting and immunity.

Platelets help control bleeding by "rushing" to the site of an injury in the body and forming a barrier. This helps the damaged organ or blood vessel stop bleeding and give the body a chance to begin healing. Treatment for burns, cancer, leukemia, aplastic anemia and other diseases or treaments can almost destroy the body's platelet supply.

"We use upwards of 650-700 blood products a month at NMCSD," said LT Aaron Harding, Officer in Charge, Blood Donor Center. "Since NMCSD is the primary core facility for TRICARE Prime patients, what we collect in donations from our eligible donor population goes right back to them for their care here."

While that is the center's main concern, LT Harding said, it is not the only one. "We have multiple responsibilities for collecting blood. We also have an obligation to meet operational readiness requirements."

The Blood Donor Center depends on its eligible population of active duty military and family members, reservists, retirees, and civilian employees to keep a ready supply on hand. Donors can give whole blood donations every eight weeks.

Fight Terrorism

continued from page 1

"The moment I woke up and heard the news it seemed like the Oklahoma bombing all over again," said Douty. "Seeing what goes on in the medical field firsthand, I know what's going on in the minds of emergency workers. In a situation like this, the need for blood is great. If my family were involved in a serious incident such as this, I would hope everyone would feel the same way I do and react by giving blood."

First time donor LTJG Leslie Swindon, an emergency room nurse on USNS MERCY, was also off-duty when she heard the news. Knowing the dire need for blood, she came to the center to donate blood. "I was in shock when I heard the news. I remember how once before the World Trade Center was bombed. This was such a surprise."

The Navy's Blood Donor Center at NMCSD operates its own blood collection operation independent of the American Red Cross and San Diego Blood Bank. Located in Bldg. 2 on the first floor, the center collects donations from its eligible population of active duty members, dependents, reservists, retirees and civil service employees.

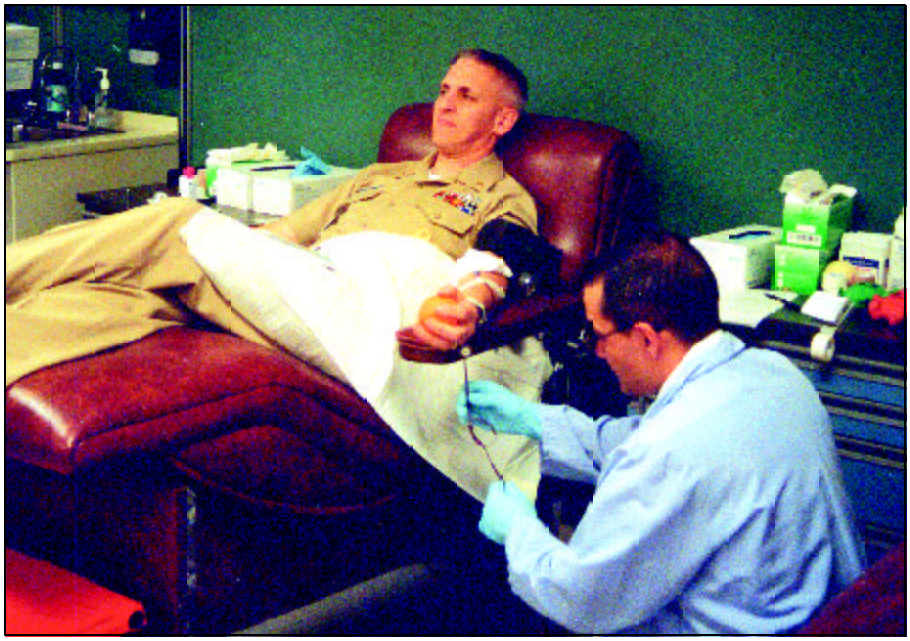
When news of the disaster hit, the center readied itself for the flood of donors expected. "In a time like this, people want to donate. They want to do something and in this

situation, this is the most valuable way to help," said LT Aaron Harding, Officer in Charge of the Blood Donor Center.

LCDR Mark Crowell, Head of the Blood Bank at NMCSD, was gratified by the tremendous response of the donors. On Tuesday alone, the center took donations from 90 volunteers. Wednesday, the number was even higher. Some 110 donors walked through the door to give. At times, as many as 30 donors waited at the center to donate.

"We've been collecting everything we need," said Crowell. "We've had no need to advertise. Donors are coming out of the goodness of their hearts to give and they're here till we close the door in the evening."

He credited the active duty and civilian laboratory team for meeting the challenge of accommodating the large influx of donors and keeping the operation running smoothly. "Our contingency team did a fantastic job," Crowell said. "They were doing what they were trained to do and they did it well."



HM1 Roger Austin completes the collection of blood from HMCM (SW) Dennis Preston, Command Master Chief at Naval Medical Center San Diego.

Robert Conaughton, a retired Navy captain, heard the news of the attack on the telephone. "At first I thought it was a fabrication, a wild rumor," he said. "Then I saw the pictures on TV for myself. It was really hard to believe."

His first reaction was helplessness, but then he started looking for a way to alleviate that feeling and came to donate blood. "This is an event that has changed the world. Life will never be the same again."

Overwhelming response...Extra blood donor chairs were brought in to accomodate all the volunteers who came in to give blood.

The need for blood is ongoing and will continue long after the crisis. The Blood Donor Center not only supports the needs of NMCSD's patients, it supports the Navy's operational commitments and on a limited basis, the community. In light of the situation the nation now faces, this is a crucial concern, said Crowell. In crisis situations, the Bureau of Medicine and Surgery can direct that the center take additional operational taskings.

There is a particular need for O positive and negative donors. Located at NMCSD on the first floor of Bldg. 2, the center accepts whole blood donations from 7 a.m. to 3 p.m. everyday. There is also a big need for apheresis donors – those who donate platelets and plasma. If you're interested, call for an appointment. The number at the center is (619) 532-6650.

Naval Hospital Camp Pendleton Population Health Department Maximizes Use Of Data Warehouse

By Craig Palmer

NHCP moves forward with population-based clinical data analysis

In March 2000, the Naval Hospital Camp Pendleton (NHCP) Population Health Department (PHD) was created with a mission to continuously assess, improve and document the physical, mental, and social health of the NHCP patient population. According to CAPT Sandra Bibb the PHD department head, "population-based clinical data analysis is key to population health improvement, and NHCP has assembled a team that will maximize our ability to mine and analyze data". The close-knit team was completed in March 2001 with the addition of a clinical data analyst. The team consists of:

CAPT Sandra Bibb, LT Leslie Adams, and CDR Ted Robinson discuss outcome of clinical data analysis using a Data Warehouse application.

CAPT Sandra Bibb, DNSC, NC, USN, the team's leader, clinical investigator, and statistical analyst;

CDR Ted Robinson, MPH, MC, USN, the team's epidemiologist, clinical data miner and clinical and statistical analyst and;

LT Lesli Adams, MPA, MSC, USNR the team's chief data miner, data systems expert, clinical data analyst, and technical interface.

The team has taken maximum advantage of the Region's new Data Warehouse in accomplishing its mission. The Data Warehouse currently gathers data from the Composite Health Care System, and Ambulatory Data System/Ambulatory Data Module, and supports three applications. Working closely with Bill Lammie, the Data Warehouse System Architect, NHCP's team focused on two initial projects: The Diabetes Disease Management Program and the Injury Tracking-Prevention Initiative. Team member LT Lesli Adams explained that the "Data Warehouse combines data from several legacy systems and makes it available in a combined relational format at the application level – something that we can work with to accomplish our objectives. The collaboration between the Data Warehouse team and the PHD group was a natural." NHCP is fortunate to have LT Adams, a Microsoft Access super user, as their technical interface for the team. LT Adams understands the logical parameters of the point and click modules, along with the source tables that feed the Population Health Tool, a Data Warehouse application.

"The source tables provide exponential possibilities in slicing and dicing information, almost instantaneously", stated Adams. LT Adams accepts requests from clinicians and administrators to produce management level analysis, based on output from the Data Warehouse. The following are just a few examples of the information already produced:

(1) profile PCMs (Primary Care Manager) by appointment frequency
(2) profile providers prescription compliance to guidelines for Otitis Media and Urinary Tract Infections
(3) Profile PCMs and PCM sites on HEDIS (NCQA Healthplan Employer Data Information Set) like measures:
    a. Diabetes Management
    b. Breast Cancer Screening (Mammograms)
    c. Cervical Cancer Screening (Pap Smears)
    d. Asthma Treatments
(4) Profile providers on PSA (Prostate Cancer Screening) compliance
(5) Profile providers on OB/GYN (Obstetrics/Gynecology) 8 visit appointment guideline.
(6) Use ICD-9 codes to determine the patients with chronic illnesses including:
    a. Pediatric (aged 0-18) with Asthma

b. All patients with Diabetes
c. All patients with COPD (Chronic Obstructive Pulmonary Disease)
d. All patients with CHF (Congestive Heart Failure)
e. All patients with CAD (Coronary Artery Disease)

Diabetes Disease Management Program

The NHCP Diabetes Disease Management Program is focused on optimizing patient care and reducing disability, increasing diabetic patient satisfaction, improving access to preventive services, and decreasing health care costs associated with poor diabetes disease management.

NHCP's evidenced-based, proactive program has several components:

1) The Group Health Cooperative (GHC) Clinical Practice Guidelines for diabetic glycemic control, diabetic foot screening, diabetic retinal screening, and diabetic microalbuminuria screening.
2) Assignment to Primary care manager site and provider for all patients diagnosed with diabetes mellitus.
3) Entry into Primary Care Manager (PCM) diabetes registry (derived from the Data Warehouse) for all patients with diabetes.
4) Documentation of care provided to diabetes patients using form NHCP 6550/80 Diabetic Flow Sheet. (electronically produced by the Diabetes Registry)
5) Comprehensive diabetes education for all patients diagnosed with diabetes, to include topics such as: understanding diabetes mellitus, dietary management, diabetic medications, home blood glucose monitoring, stress management, exercise and diabetes, foot care, and long term complications of diabetes.
6) Coordination of the receipt of diabetes specific clinical preventive services (glucose, lipid, and diabetic microalbuminuria screening, eye exams for patients with retinopathy, foot exams, blood pressure screening, health maintenance visits) for all patients diagnosed with diabetes.

In June 2000, staff from NHCP participated in a conference with members from Group Health Cooperative (GHC) of Puget Sound. GHC has been successful in their management of diabetic patients and the associated cost and patient satisfaction through the use of their Diabetes Registry. NHCP's goal was to duplicate this success. Based on GHC's findings it is clear that successful Diabetes Management cannot exist without a registry. Supporting this, CAPT Bibb stated "Without the Data Warehouse, NHCP would not have been able to produce and maintain a diabetes registry for our patients".

The Diabetes Registry provides information management and performance measurement support for the Diabetes Disease Management Program. The registry is a password protected Access database designed to track patients receiving care for diabetes at all of the NHCP Primary Care Manager (PCM) sites. CDR Robinson built the initial registry by importing demographic and patient level data from the Data Warehouse. LT Adams added automation and documentation, and deployed the registry to PCM sites. The expectation is that armed with registry information, providers will be able to proactively address issues before they become major patient care problems, improving both patient satisfaction and access to preventive services, and effecting a dramatic cost reduction in the management and care of patients with diabetes.

Injury Tracking-Prevention Initiative

In June of 2001 the team embarked on their second major clinical data mining and analysis project, the Injury Tracking and Prevention Initiative. The challenge was to review the incidence of injuries sustained by USMC Recruits while aboard (Marine Corps Base Camp Pendleton) MCB Camp Pendleton for weeks 8-13 of their training. PHD used the Data Warehouse to extract data for active Duty Marine Recruits, seen in clinic at the Edson Range. From the data set, the Data Warehouse was able to provide: date, provider, patient name, and diagnosis. The injury rate was found to have significantly increased in summer of 2000.

CDR Robinson and LT Adams grouped ICD-9 codes by anatomy and injury mechanism. LT Adams was then able to produce an analysis from January 1999 – August 2001 based on:

(1) run charts of anatomical injuries
(2) control charts of the part of anatomy injured
(3) # of Injuries per 100 Marine Recruit Month run charts
(4) run charts for stress fractures
(5) control charts for stress fractures

Each month, the data is refreshed, appended into the charts, and reviewed against literature for acceptable injury rates. PHD representatives meet monthly to review the trends and clinical information to discuss potential causes of the increase in injury rate. Trend and clinical analysis information is presented to Safety and Training officers of the commands quarterly. The expectation is that the information will enable the commands to identify and reduce injury risk factors. The impact of this initiative is not only measured in dollars but is also measured in the lives of the young Marines that are not incapacitated and lost to the Corps. With this in mind, the PHD has established a collaborative injury-tracking prevention network, which includes participants from NHCP's Branch Medical Clinics, the Marine Corps Recruit Depot in San Diego, and the Weapons and Field Training Battalion and School of Infantry commands on board MCB Camp Pendleton.

Five Steps To Safer Health Care

You can improve the quality and safety of your heath care, and help prevent medical errors, by learning more about your health care and taking an active role in it. Here are five steps to improve the quality of your care.

1. **Be an active member of your health care team.**
   It helps to choose a physician who you can talk to and feel comfortable asking questions about your health care. You have every right to ask questions and to get answers that you can understand. Ask a relative or friend to come along, if you think you will have difficulty talking with your doctor about your condition.

2. **Keep a record of the medicines you take and be sure to tell your doctor about them and any allergies you might have.**
   When your doctor writes a prescription, make sure that you can read it. Ask about what the medicine does, side effects of the medicines and possible interactions between drugs. Don't forget to tell your doctor about other medicines (and vitamins or herbal supplements) that you take. When you get your medicine, read the label – make sure that the prescription is what your doctor ordered, and that you know how to use it. Be alert to any changes in your prescriptions.

3. **Talk openly with your physician and health care team about your options should you need hospital care.**
   Most hospitals do a very good job in treating a wide range of problems. However, for some very complicated surgeries, such as heart bypass surgery, research shows that the number of operations done each year influences patient outcome. You may want to use a hospital that has a lot of experience in treating your condition. Speak with your physician about what might be best for you. Before you leave the hospital, be sure to ask about follow-up care, and be sure that you understand the instructions you receive.

4. **Make sure that when surgery is needed you, your doctor, and your surgeon all agree on what is going to be done during the operation.**
   Make sure that someone, such as your personal doctor, is in overall charge of your care while you are in the hospital. Ask your doctors and other providers exactly what they will be doing, how long it will take, what will happen after surgery, and what you can expect during recovery. Be sure to tell the surgeon and anesthesiologist if you have had a bad reaction to anesthesia in the past.

5. **Do not assume that no news is good news when you have a test or procedure.**
   Ask your doctor or nurse about when and how you will get the results of any tests or procedures you are given. If you do not get the results when expected — in person, on the phone, or in the mail — contact your doctor and ask about them. Remember that it is okay to ask questions about your care until you are satisfied.

For Life

continued from page 7

surcharge (adjusted for age) to join Part B. Beneficiaries with questions regarding Medicare and Part B can visit any Social Security Administration (SSA) office, call the Social Security Administration (SSA) toll-free number, 1-800-772-1213, or call the toll-free Medicare number, 1-800-633-4227. They also can find information on the Medicare Web site at http://www.medicare.gov. Please remember that if beneficiaries age 65 and over do not have Medicare Part B, they will NOT have the TRICARE benefit to help pay the cost of their doctor and hospital bills when the new benefit begins October 1, 2001.

- Don't Drop Supplemental (Medigap) Policies Yet: Because of the delayed effective dates, any decision to drop a Medicare supplemental insurance policy (known as Medigap) based on the new law is premature. We are working with the Health Care Financing Administration (HCFA), and The Military Coalition (TMC) and the National Military & Veterans Alliance (NMVA) to provide the most accurate information on what should be considered before any supplemental policy is dropped.
- Update Information in DEERS: Beneficiaries should have up-to-date information in the Defense Enrollment Eligibility Reporting System (DEERS). In the coming months, we will mail information to beneficiaries who have received this new entitlement. To ensure that they are not overlooked, eligible beneficiaries must have the most accurate family and beneficiary data in DEERS. Eligible beneficiaries may update their addresses in DEERS in a number of ways, listed below.
  - Visiting local personnel offices that have an ID card facility,
  - Calling the Defense Manpower Data Center Support

*See **For Life**, page 13*

TRICARE Health Care Information Line

Tools for Staying Healthy

2001 is almost over - how are you doing on those important resolutions to start living a healthier lifestyle by exercising more, losing weight, or kicking a smoking habit? Many times, because we are not armed with all the information we need to succeed, we end up failing. The TRICARE Health Care Information Line (HCIL) offers some help in those areas and more.

The HCIL is a free, 24-hour health information line available to all TRICARE beneficiaries in California, Hawaii, and Yuma, Arizona. When you call the HCIL, you will have the option to listen to one of over 500 recorded health topics through the AudioHealth Library® or even speak directly to a nurse. You can get tips on how to stay healthy, take care of a problem at home or when to see a doctor. The more information you have about your health, the more control you gain over conditions that may arise and those you would like to change.

To use the AudioHealth Library® on the HCIL, you'll first want to:

- Review an HCIL Directory to find the topic you want to hear more about. HCIL directories can be obtained at your local TRICARE Service Center or by calling (800) 242-6788.
- Call the HCIL at (800) 611-2883.
- Press 1 to access the AudioHealth Library®.
- Press 1 again to listen to a topic. You will then use your push-button phone to enter the four-number code of the topic you have chosen. If you are calling from a rotary dial phone, please wait and an operator will connect you.
- More features on how to use the AudioHealth Library® are located within your HCIL Directory.

If you have some health concerns that may require you to see a doctor or seek a home remedy but you are unsure, you may want to talk to a nurse:

- Call the HCIL at (800) 611-2883
- Press 2

The nurses are supported by a computerized database that places a wealth of information right at their fingertips. So, when you or a family member is sick, the nurse can help you evaluate the symptoms and decide what to do.

If you are unsure whether your injury or condition is an emergency, call the HCIL line and speak to a nurse. Of course, in a true emergency, call 911 or go to the nearest Emergency Room.

Whether listening to a recorded message or talking with a registered nurse, you can get the health care information you need to make informed decisions that may help you start living a more healthy lifestyle. The HCIL is available to provide you and your family the health care information you need, when you need it – anytime, 24 hours a day, seven days a week.

For Life

continued from page 12

Office (DSO) Telephone Center at 1-800-538-9552. The best time to call the Telephone Center is Wednesday - Friday, between 9 - 3 (Pacific Time) to avoid delays.

- Faxing address changes to 1-831-655-8317
- Mailing the change information to the DSO, Attn: COA, 400 Gigling Road, Seaside, CA 93955-6771
- Visiting a military treatment facility
- Emailing information to addrinfo@osd.pentagon.mil and include the following information (users should use all lowercase letters because some e-mail systems are case sensitive.)

1. Sponsor's Name and Social Security Number.
2. Name(s) of other family members affected by address change.
3. Effective date of address information.
4. Telephone number (to include area code), if available.

To change information other than address data, however, beneficiaries may only visit an ID card facility, mail or fax changes with appropriate documentation to the address/numbers provided above. To learn what documentation is required, call an ID card facility or the DSO toll-free number, 1-800-538-9552. The hours of operation for DSO are Monday-Friday (excluding Federal Holidays), 0600-1530 (Pacific Time).

Plain Talk About TRICARE

"TRICARE: One very good reason to stay in the military"

By Thomas F. Carrato

TRICARE's journey to becoming the world's best health plan has been extraordinary. It has faced unique challenges and responsibilities unlike those of any other health plan.

TRICARE takes care of the world's best military — its active duty members and their families, retirees and their family members. Its value for beneficiaries is unmatched by any civilian health plan, and its worth for American taxpayers and the military is immeasurable, not only in terms of combat readiness, but as an incentive for recruitment and retention of uniformed services personnel.

As TRICARE has gotten better and better, it has become a significant factor in the decision of active duty personnel to stay in the military. In a recent address to Congress, Chairman of the Joint Chiefs of Staff, Gen. Henry Shelton said, "We have turned around the recruiting and some of the retention challenges that we had." He attributes part of that success to improvements in TRICARE.

"One of the most valued recruiting and retention tools that any corporation can offer its potential employees or its current work force is a comprehensive medical package," he noted.

TRICARE gives active duty members many reasons to stay in the military. What other employer can offer them national comprehensive coverage, including dental, vision and preventive care, at so little cost? Where else would their access to care be considered paramount, even in remote locations? What other health insurance company or health maintenance organization would provide coverage for pre-existing conditions, without increasing premiums? Who besides TRICARE has delivered increasing satisfaction year-after-year, while holding the line on out-of-pocket health care expenses?

One of the most important factors affecting retention is related to TRICARE, but goes beyond it. We take care of our own. The last thing we want our deployed troops worrying about are medical problems at home. TRICARE ensures that family members receive quality medical care and assistance with health-care related concerns while their sponsors are gone. Our TRICARE customer service representatives, beneficiary counseling and assistance coordinators, health benefits advisors and debt collection assistance officers, are as close as a telephone, and they stand ready to help with any issue that arises.

Active duty personnel and their family members enrolled in TRICARE Prime have the highest priority for care in military treatment facilities, and there are no costs associated with this care. Family members enrolled in Prime also have no co-payments for civilian health care. What would a comparable plan cost in civilian life? Here's one example: An E-5 active duty member with a family of four could expect to pay an average of $340 per month ($4,080 per year) plus co-pays in a civilian health maintenance organization, according to quotes for comprehensive major medical plan rates from Trustmark Insurance Company and published in the USAA "Guide to Civilian Life."

Thomas F. Carrato TRICARE Management Activity

While premium costs in the federal health plan rose 26 percent between 1998 and 2000, there were no increases in premiums for TRICARE. Premiums actually decreased for the TRICARE Dental Program at the beginning of this year, while its benefits increased!

No wonder that our enlisted service members list medical care as the top reason to stay in the military (GAO Report/NSIAD-99-197BR Quality of Life and Retention, Dec 98-Mar 99). TRICARE provides coverage that is unparalleled in the civilian sector. Military personnel also ranked dental and medical care among their top five satisfaction issues (Defense Manpower Data Center Quality of Life Survey, January 2001).

Competing with other Medicare HMOs with the TRICARE Senior Prime demonstration program in Colorado Springs and Seattle areas, TRICARE received excellent ratings from Consumer Reports in June 2000. Its value exceeded that of every other Medicare HMO rated for this report. In fact, we ranked Number 1 in both cities!

We anticipate that TRICARE For Life will have a significant impact on retention. It provides continued TRICARE coverage for Medicare-eligible beneficiaries age 65 and over with no fees, except their Medicare Part B enrollment fees, and few co-pays. TRICARE is second payer to Medicare, so they must use Medicare providers. In most cases, the beneficiary will have little, or no, out-of-pocket costs. Lifetime health care benefits are an excellent reason for uniformed services members to stay in the service until retirement. TRICARE For Life and other benefit enhancements that were part of the 2001 National Defense Authorization Act have helped make TRICARE

*See **Plain Talk**, page 15*

Partnering

By Col Lark A. Ford
Commander, U.S. Army Medical Department Activity
Weed Army Community Hospital, Fort Irwin

I would like to share with you a story illustrating the great partnering between military facilities and civilian hospitals in the Southern California region. The partnering facilities involved include Weed Army Community Hospital, Fort Irwin and Loma Linda Medical Center, Loma Linda, California. This story involves the transport of two premature infants delivered at Fort Irwin who had to be medically evacuated to the Loma Linda Medical Center.

On 1 February and 20 March 2001, Fort Irwin required the assistance of the Neonatal Intensive Care Unit Transport Team from Loma Linda Medical Center. This team flew into Fort Irwin to MEDEVAC two critically ill newborns who were delivered prematurely. Fort Irwin Hospital is a small-community located in the Mojave Desert that does not have a critical care and/or neonatal intensive care unit.

The newborn delivered on 1 February was approximately 33 weeks in gestational age and experienced severe respiratory complications upon delivery. Weed Army Community Hospital was able to intubate the newborn, stabilize, and await the arrival of the Neonate ICU Transport Team. Ms. Chris Cullen headed the Neonate ICU Team. Other members of the team included Ms. Rita Patel, Transport Nurse and Mr. Eli Hernandez, Respiratory Therapist. The young Army soldier and his wife were treated with care and compassion as the team prepared their newly arrived son for transport. The father was able to observe the team as they worked with his son and he was amazed at the level of clinical and technical expertise. After the child was ready for transport back to Loma Linda, the team rolled the infant into the mother's postpartum room so that she could see that her son was in superb hands.

Another child was delivered on 20 March that was 37 weeks in gestational age. This newborn required an emergent C-Section based on loss of audible heart tone and respiratory complications. Once again, the Neonate ICU Transport Team from Loma Linda Medical Center was called and they arrived with another professionally equipped team. The team members included Ms, Stephanie Soteb, Mr. Grant Osantunski and Mr. Mike Bolly. The flight crew was Mr. Larry Lockey, Pilot and Mr. Larry Earnest, Flight Medic.

Weed Army Community Hospital was able to extend our sincere appreciation to the top healthcare leadership at Loma Linda Medical Center on 6 March 2001. We provided a tour of our hospital, outpatient clinic and the Air Ambulance Detachment on 6 March to Dr. Lyn Behrens, President & CEO, Dr. Donald Pursley, Executive Vice President & CFO, Ms. Eileen Zorn, Senior Vice President for Patient Care Services and Mr. Gus Cheatham, Vice President for Public Affairs & Marketing when they visited our facility.

On behalf of the entire staff at Weed Army Community Hospital, we are eternally grateful to the Neonate ICU Transport Team from Loma Linda Medical Center. We are so fortunate to have such an outstanding civilian facility within our TRICARE Region to provide superlative care to all our beneficiaries. Thank you!

Plain Talk

continued from page 14

the best health care program in the United States.

We've heard stories about enlisted personnel who have left the uniformed services, only to discover that health benefits cost a lot more than they realized on the outside. Links, the Navy's enlisted professional bulletin, recently highlighted several personnel who returned for the security and stability that military service - and TRICARE - offer. At a time when some enlisted members with marketable skills are being lured into attractive civilian job opportunities, having health care benefits that are unmatched in the private sector is a critical factor in determining whether to leave the military.

We must continue our efforts to attract and retain highly qualified health professionals. Our talented, well-trained medical professionals, discouraged by some of the resource challenges in military treatment facilities, have drifted out of the service toward civilian jobs. We are looking closely at this issue, and seeking remedies.

We will always have challenges in TRICARE, but I believe the TRICARE changes that will occur in the next several months will make a significant difference in retention at all levels. The lifetime medical benefit we are providing to all our uniformed services beneficiaries will become a key component of readiness, recruitment and retention.

TRICARE Region Nine Gets New Lead Agent

Rear Admiral James A. Johnson, MC, USN
Lead Agent, Office of the Lead Agent
TRICARE Region Nine

Rear Admiral James A. Johnson was born in Wilmington, North Carolina, and spent his formative years in Chicago, Illinois, and Washington, DC. He earned his undergraduate degree in Biology/Chemistry at Oberlin College in Oberlin, Ohio and his Medical Degree at the University of Rochester in Rochester, New York. He served both his internship and residency at the University of California at Los Angeles.

He was commissioned in the Ensign 1915 Program in 1966. His early assignments included serving as the Senior Medical Officer aboard the amphibious assault ship USS NEW ORLEANS, and as a General Medical Officer at Marine Corps Recruit Depot, San Diego, California. During a subsequent assignment to Naval Hospital Camp Pendleton in California, he held a progression of assignments such as Staff Surgeon; Chairman, Department of Surgery; and finally, Director of Surgical Services.

Rear Admiral (Upper Half) Johnson was next assigned to Naval Hospital, San Diego, as Assistant Chairman, Department of Surgery. In 1989, he was transferred to Washington, DC, where he held the position of Deputy Chief of the Medical Corps. Upon transfer to San Diego in July 1991, he was assigned as Medical Director at Naval Hospital San Diego, and was subsequently named Deputy Commander, a position which he held until February 1994. During his next assignment, he assumed command of Fleet Hospital SIX, which deployed on a United Nations mission in Croatia. In October 1994, he became the Commanding Officer of Naval Hospital, Bremerton, Washington, where he served until August 1997. He was then selected as the Principal Director for Clinical and Program Policy in the Office of the Assistant Secretary of Defense for Health Affairs. In August 1998, Rear Admiral Johnson was reassigned as Medical Officer of the Marine Corps, Headquarters, U. S. Marine Corps, Washington, D.C. Rear Admiral Johnson assumed command of Naval Medical Center San Diego and became Lead Agent, TRICARE Region Nine, in October 2001. As Lead Agent, he coordinates the integration of healthcare between Military Treatment Facilities and oversees the Managed Care Support Contract (MCSC) to control costs, while providing optimal access and continued quality of care to eligible beneficiaries in response to changing national military and health care requirements.

Rear Admiral Johnson earned certificates from the American Board of Surgery and the American Board of Medical Management. He is an Assistant Clinical Professor of Surgery at the Uniformed Services University of Health Sciences. His affiliation with civilian medical organizations include his status as a Fellow of the American College of Surgeons, and he is a member of the American Medical Association, National Medical Association, American College of Physician Executives, Association of Military Surgeons of the United States, and Society of Medical Consultants to the Armed Forces.

His military decorations include the Defense Superior Service Medal, Legion of Merit, Meritorious Service Medal, Navy and Marine Corps Commendation Medal, Joint Meritorious Unit Citation, Navy Meritorious Unit Citation, National Defense Medal, Vietnam Service Medal, Armed Forces Service Medal, Humanitarian Service Medal, Philippine Presidential Unit Citation, United Nations Medal (Yugoslavia), NATO Medal, and the Vietnam Campaign Medal.